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Substitute for Form PTO-875 CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY		
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	AL CLAIMS CFR 1.16(c))		minus 20	<u> </u>			x s=		OR	x s=		
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WÜL	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ s=		
• H t	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL		
	CI	AIMS AS AMI	ENDED:	– PART II								
4	4/1-14 (Column 1) (Column 2) (Column 3)							ENTITY	OR	OTHER THAN SMALL ENTITY		
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٢	-29-05	(Column 1)		(Column 2)	(Column 3)			· · · · · · · · · · · · · · · · · · ·	-		·	
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, OSPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 17 financial including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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* If the entry in column 1 is less than the entry in column 2, write 0 in column 3.

** If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

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